

COMPLAINT OF DISCRIMINATORY TREATMENT

TO : DEPARTMENT OF PUBLIC SOCIAL SERVICES
CIVIL RIGHTS AND LANGUAGE SERVICES SECTION
12860 CROSSROADS PARKWAY SOUTH
CITY OF INDUSTRY, CALIFORNIA 91746

CASE NAME :

CASE NUMBER:

I, _____, hereby file this complaint of discriminatory treatment
(Please print your name) and request that an investigation be conducted.

I believe I was discriminated against because of my:

- ☐ RACE
- ☐ RELIGION
- ☐ COLOR
- ☐ NATIONAL ORIGIN
- ☐ SEX
- ☐ AGE
- ☐ POLITICAL AFFILIATION
- ☐ MARITAL STATUS
- ☐ DISABILITY

DATE OF OCCURENCE : _____

NAME(S) AND TITLE(S) OF THE PERSON(S) WHO I BELIEVE DISCRIMINATED AGAINST ME :

THE ACTION, DECISION OR CONDITION WHICH CAUSED ME TO FILE THIS COMPLAINT IS AS FOLLOWS :

I WISH TO HAVE THE FOLLOVING CORRECTIVE ACTION TAKEN :

(SIGNATURE) (DATE) ADDRESS : _____